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Under the Paperwo	respond to a collection of information unless it displays a valid OMB control number									
Effective on 12/08/2004.				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/519,154-Conf. #7211				
FEE TRANSMITTAL						December 27, 2004				
For FY 2009						Toshio NOMURA				
101112009				Examiner Name D		D. Rashid				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 26		2624				
TOTAL AMOUNT OF PAYMENT (\$) 130.00)	Attorney Docket No. 1		1152-0312PUS1					
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		LING FEES		ARCH FEES	EXAMI	NATION FEES				
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos B	aid (\$)		
Utility	330	165	540	270	220	110	1 003 1	214 (4)		
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	050	0	-			
2. EXCESS CLAIM F		110	U	O	U	U		Small Entity		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)										
Each claim over 20 (including Reissues)							52	26		
Each independent claim over 3 (including Reissues)							220	110		
Multiple dependent c							390	195		
Total Claims	Extra Claims Fee (\$) Fee Paid (\$)		ee Paid (\$)	Multiple Dependent Claims						
or Hi	o=	_ x =			Fe	<u>ee (\$)</u> <u>F</u>	ee Paid (\$)		
HP = highest number of t	otal claims paid for	, if greater than 20.						_		
Indep. Claims	Extra Claims	Fee (\$)	F	ee Paid (\$)						
- or HP = x = HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = /50 = (round up to a whole number) x = =										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00										
SUBMITTED BY	11/			B						
Signature	11/11	1rsq.#40	417)	Registration No. (Attorney/Agent)	29,271	Telephone	Telephone (703) 205-8000			
							December 12, 2008			
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